	ĘA! EII I		ctive Octo			ION REGI	JAL	´	1	07	12	188	2			
		CLAIMS A	S FILED		-	umn 2)		SMALL TYPE			OR	OTHER	R THAN ENTITY			
T	OTAL CLAIMS	S	2-7				}	RATE		EE]	RATE	FEE			
F	OR		NUMBER FILED .		NUMBER EXTRA			BASIC F	EE 38	5.00	OR	BASIC FEE	770.00			
T	OTAL CHARGE	ABLE CLAIMS	> 7 minus 20=		. 7		1	X\$ 9:	.		OR					
N	DEPENDENT (CLAIMS	7 minus 3 =		•		ŀ	X43=				Yas				
MULTIPLE DEPENDENT CLAIM PRESENT									+-		OR		-			
- j	the difference	e in column 1 is	less than a	ero enter	*0* in (column 2	3 '	+145=	·		OR	+290=				
•						MUHHI Z		TOTAL			OR	TOTAL	18 Hz			
	,	CLAIMS AS A (Column 1)	AMENDE) - PAR (Colum		(Column 3)	ı	SMAL	L ENTI	TY	OR	OTHER SMALL				
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO	est Ber USLY	PRESENT EXTRA		RATE	AD TIO	NAL		RATE	ADDI- TIONAL FEE			
Ž	Total	.34	Minus	2	7	-7		X\$ 9=			OR	X\$18=	350			
ME	Independent	. 3	Minus	2	· _	#		X43=	1	\dashv	OR	X86=				
4	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	ÇLAIM			.4.0	+	\dashv						
	19	-21-	01				ı	+145=	1		OR	+290=	DYAL 2+A			
		(Cálumá 1)		(Colum	no 31	(Column 3)	,	ADOIT. FE			OR	ADDIT. FEE	.3 3-0			
D		CLAIMS REMAINING		HIGHE	ST	PRESENT	1 1		ADI	DI-	1		ADDI-			
		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TION			RATE	TIONAL FEE			
AMENDMENI B	Total	. 33	Minus	- 3	4	· B ·		X\$ 9=			OR	X\$18=				
	Independent	.3	Minus	***	2	De	l	X43=				X86=	/			
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDENT	CLAIM		1				OR		/			
						357	L	+145=	1		OR	+290=	1			
		(Calores 4)					A	DOIT. FEE		°	OR ,	DOIT, FEE				
٦	`	(Column 1) CLAIMS	<u> </u>	(Colum		(Column 3)	-		T :==							
		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	TION FEI	AL		RATE	ADDI- TIONAL FEE			
CIMENO WIEW	Total	•	Minus	**				X\$ 9=			OR	X\$18=	-			
	Independent	•	Minus	ese ,		•	ŀ	X43=		7	.	X86≃				
''	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT (CLAIM				 	4	P					
H	the entry in colum	mn 1 is less than th	e entry in entre	nn 2. waite 1	Of in each	umn 3	L	+145=		_ °	R	+290=	·			
• 11	the "Highest Nur	mber Previously Par mber Pr viously Pa	Id For IN THUS	SPACE &	ess than	20. enter "20."	A	TOTAL DOTT. FEE	Ŀ	0	PA	TOTAL DDIT. FEE				
i	he "Highest Num	ber Previously Paid	For (Total or	Independen	d) is the	i 3, emier 3.º highest number	r foun	of in the ap	propriate	e bax t	n cotu	mn 1.				

Application or Docket Number